

UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>		Attorney Docket No. 00862.023097
		First Named Inventor or Application Identifier KOUJI KOGUSURI
		Express Mail Label No. _____

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

Fee Transmittal Form
(Submit an original, and a duplicate for fee processing)

ADDRESS TO:

Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

13441 U.S.P.T.O.
06/23/03

3. Specification **Total Pages 28**

4. Drawing(s) (35 USC 113) **Total Sheets 9**

5. Oath or Declaration **Total Pages 1**

a. Newly executed (original or copy)

b. Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 17 completed)

i. **DELETION OF INVENTOR(S)**
Signed Statement attached deleting
inventor(s) named in the prior application, see
37 CFR 1.63(d)(2) and 1.33(b).

6. Application Data Sheet. See 37 CFR 1.76

7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)

a. Computer Readable Form (CRF)

b. Specification Sequence Listing on:

i. CD-ROM or CD-R (2 copies); or

ii. paper

c. Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS		
9. <input checked="" type="checkbox"/>	Assignment Papers (cover sheet & document(s))	
10. <input type="checkbox"/>	37 CFR 3.73(b) Statement (when there is an assignee)	<input type="checkbox"/> Power of Attorney
11. <input type="checkbox"/>	English Translation Document (if applicable)	
12. <input type="checkbox"/>	Information Disclosure Statement (IDS)/PTO-1449	<input type="checkbox"/> Copies of IDS Citations
13. <input type="checkbox"/>	Preliminary Amendment	
14. <input checked="" type="checkbox"/>	Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
15. <input type="checkbox"/>	Certified Copy of Priority Document(s) (if foreign priority is claimed)	
16. <input type="checkbox"/>	Other: _____	

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

Continuation Divisional Continuation-in-part (CIP)
Prior application information: Examiner _____ of prior application No. _____ / _____
Group/Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

18. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	05514 (Insert Customer No. or Attach bar code label here)		<input type="checkbox"/> or <input type="checkbox"/> Correspondence address below		
NAME					
Address					
City		State		Zip Code	
Country		Telephone		Fax	

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	21-20 =	1	X \$ 18.00 =	\$18.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	4-3 =	1	X \$ 84.00 =	\$84.00
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))			\$280.00 =	\$0.00
				BASIC FEE (37 CFR 1.16(a))	\$750.00
				Total of above Calculations =	\$852.00
	Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).				
				TOTAL =	\$852.00

19. Small entity status

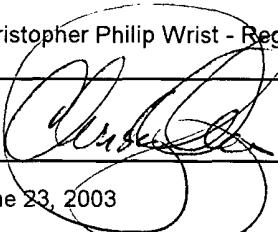
- A small entity statement is enclosed
- A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- Is no longer claimed.

20. A check in the amount of \$ 852.00 to cover the filing fee is enclosed.

21. A check in the amount of \$ 40.00 to cover the recordal fee is enclosed.

22. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 06-1205:

- Fees required under 37 CFR 1.16.
- Fees required under 37 CFR 1.17.
- Fees required under 37 CFR 1.18.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED	
NAME	Christopher Philip Wrist - Reg. No. 32,078
SIGNATURE	
DATE	June 23, 2003